

Neighborhood Matching Grant Estimated Expense Form

Please complete the following Estimated Expense Form to reflect the costs of the project and the grant funds requested for your project. Use additional forms if necessary.

Description of estimated expenses of the project (Please Itemize) (For example, a social event may include food, paper goods, door prizes, printing flyers, decorations etc.)	Estimated Expenses	Check <input checked="" type="checkbox"/> If donated item
	\$	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Total Estimated Expenses: Please total the column to complete the NMG Application Form, section D.	(\$_____)	

* Cost of the project may equal or exceed the grant funds requested.